




BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

August • 1959
Vol. XXIX • No. 8
Youngstown • Ohio

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COMING EVENTS



CANFIELD FAIR

Sept. 3 - 7, Canfield, Ohio

Visit the Medical Health Tent, where 19 local health agencies and allied professions join with the Mahoning County Medical Society in presenting exhibits. See the society display, "Accidental Poisoning in Children."



SEPTEMBER MEETING

Tuesday, Sept. 22, Elks Club

Three Youngstown men, prominent in the field of insurance, will speak on various phases of insurance of special interest to physicians.



VD CONFERENCE

Thursday, Sept. 24, Mural Room

The first of its kind in Youngstown, this VD symposium is sponsored by the Ohio State Board of Health and will present nationally known speakers on the subject.



SIXTH DISTRICT POSTGRADUATE ASSEMBLY

Wednesday, Oct. 21, Warren, Ohio

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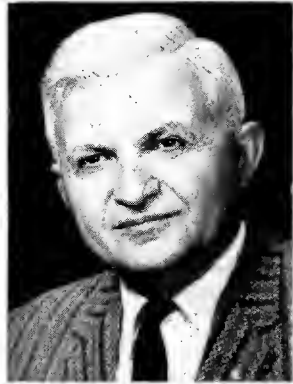
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Our President Speaks

Recently we were invited by the officials of our Chamber of Commerce to meet with them, to discuss problems of interest to the community.

Mr. McCuskey, president of the Chamber of Commerce, asked for active participation by our members in their work. He pledged the support of his organization in helping us with our problems.



Your president urges our members to take a more active role in the work of the chamber. We have over 40 members in the chamber and we should have more. Without the support of civic minded organizations we will get nowhere. Many of you will be called upon to serve on committees of the chamber. I urge you to serve and serve well. There is no room for complacency among us in our struggle for the preservation of democratic living. We have too many splinter and selfish groups in our profession, each hoping that their particular niche will not be disturbed by our present socio economic transition period. Unless we close our ranks and become unified and identified as doctors first we are in dire trouble.

Join the Chamber. It has the interest of the whole community. We thank Mr. McCuskey and Mr. Mossman, Exec. Director and his staff, for their earnest desire to help.

M. W. Neidus, M.D.
President

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Volume 29**August, 1959****Number 8**

Published for and by the Members of the Mahoning County Medical Society

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EDITORIAL**A. M. A. ANNUAL MEETING**

Some highlights of the recent meeting of the House of Delegates of the A.M.A. are as follows:

On Social Security, turned down the proposal for compulsory social security for physicians. In so doing, the delegates expressed concern over the possible effects that a change in policy might have on the associations entire legislative program, particularly with respect to the Forand Bill. They also recognized the apparent growing demand by physicians for economic security and requested an investigation on the possibility of group insurance and retirement plans. It was suggested that members be kept informed of the advantages of economic security under our free enterprise system rather than governmental social security.

For the first time in its' history, a President of the United States addressed the convention. He warned that inflation posed the greatest danger to the traditional free enterprise practice of medicine. He expressed gratitude at learning the A.M.A. leadership in the program to meet the health care needs of the aged.

They expressed an opinion that the "free choice of physician" is an important factor in the provision of good medical care. In order that the principle of free choice of physician be maintained and be fully implemented, the medical profession should discharge more vigorously its self-imposed responsibility for assuring the competency of physician services and their provision at a cost which people can afford. Also, endorsed "those who receive medical care benefits as a result of collective bargaining should have the widest possible choice from medical plans for the provision of such care."

An Osteopathy advised a liaison committee to meet with members of the American Osteopathic Associations, if mutually agreeable, to consider problems of common concern, including inter-professional relationships on a national level.

It was proposed a two year internship should be required for those physicians who plan on becoming family physicians. The suggested program

would include a minimum of eighteen months hospital training in the diagnostic, therapeutic, psychiatric, preventive and rehabilitative aspects of medicine and pediatrics in a very broad sense including care of the new born.

He would then choose to spend the remaining six months in other segments of the program.

And something I feel is long overdue, recommended study should be given to the removal of the requirement of hospital admission as the only condition under which payment of certain services will be made in order to reduce or prevent an increase of over-all health care.

—L. O. Gregg, M.D., Editor

V D PROGRAM ANNOUNCED FOR FALL SESSION

The program and speakers for the Venereal Disease Conference of Sept. 24 has been announced.

The morning session will include "Diagnostic Problems and Modern Therapeutic Implication of Syphilis," conducted by Dr. Evan Thomas, and a discussion of "State and Local Epidemiological Problems in Venereal Disease," conducted by Dr. Winslow Basche and Dr. Leonard Blum.

Afternoon sessions will include "Modern Laboratory Tests for Venereal Disease and Their Significance," conducted by Dr. Joseph Portnoy, and "Gonorrhea," conducted by Dr. J. D. Phayer. Following that, there will be a panel discussion for questions and answers on related Venereal Disease problems.

The Conference will be held at the Mural Room in Youngstown. Sessions will begin at 10:00 a.m., with time out for lunch. All doctors in the Youngstown area are invited to attend.

THIRD PARTY COMMITTEE FORMED

Dr. R. V. Clifford, recently appointed chairman of the Committee to Study Third Party Medical Care Plans has announced the following committee members: Dr. J. M. Benko, Dr. G. E. DeCicco, Dr. J. L. Fisher, Dr. J. N. McCann, Dr. J. J. McDonough, Dr. Asher Randall, and Dr. F. G. Schlecht.

This committee will work with other committees from County Medical Societies in steel producing areas to formulate a general medical care plan.

HAPPY BIRTHDAY!

August 17

S. W. Ondash

August 18

F. Gelbman

August 19

W. T. Breesmen

J. Campolito

S. Keyes

J. R. LaManna

August 20

O. M. Lawton

August 23

W. D. Loeser

August 25

A. W. Miglets

J. C. Vance

August 26

C. K. Walter

August 29

J. M. Basile

August 30

D. R. Dockry

August 31

L. J. Gasser

Sept. 1

B. Taylor

Sept. 2

E. H. Nagel

Sept. 3

D. E. Beynon

Sept. 4

M. Krupko

Sept. 5

W. H. Bennett

F. G. Schlecht

A. V. Whittaker

V. A. Neel

Sept. 6

H. Holden

E. H. Jones, Jr.

Sept. 9

C. E. Pichette

Sept. 10

L. G. Coe

A. K. Phillips

Sept. 11

L. W. Weller

Sept. 14

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THE RELATION BETWEEN CONSERVATIVE AND SURGICAL PROCEDURES IN TREATMENT OF ALLERGIC STATES IN THE NOSE AND SINUSES

"Allergic reactions of the respirator mucosa tend to involve the mucosa of the entire respiratory tract; the nasal passages, the sinuses, the trachea, bronchi and bronchioles and sometimes the eustachian tubes, nasopharynx and larynx."

The relation between conservative and surgical procedures on the nose and sinuses in allergic states varies considerably in each individual case because of different degrees of involvement and pathologic changes in the tissues, amount and type of superimposed infection, as well as the dissimilarity of reactions to allergens and other underlying systemic and local causes and relationships.

Factors Influencing Production of Allergic Symptoms. Medical literature is replete with reports of the numerous factors, both extraneous and intrinsic, that influence in some manner the production of allergic symptoms and the response of these symptoms to therapy. We have long been aware of the relationship that exists between food allergies and sensitivity to dust and other inhalants when the patient is receiving treatment for the control of a pollen sensitivity during the time they are exposed to the allergen.

Numerous other factors include certain occupational pursuits, environmental influences both physical and psychic, endocrine deficiencies and metabolic disorders, anatomic factors, focal and general infection and the degree of pathological change of the tissues in the area involved. The nutritional state of the patient and his ability and desire to cooperate, sometimes for an extended period of time, are also essential factors influencing the results of treatment.

When the allergic reaction is of comparatively brief duration, as in seasonal hay fever, the incidence of a complicating infection is quite low. When the allergic reaction persists for months or years, the edema, hypertrophy and polypoid changes in the nasal and sinus mucosa obstruct the airway and ostia of the sinuses to varying degree, blocking secretions and preventing adequate aeration and drainage. Secondary infection occurs frequently and tends to become chronic. This constitutes an important factor to be reckoned with in therapeutic management.

Allergy is a comparatively young specialty and it has been my observation that during the period of evolution many allergists and oto-laryngologists have been slow to accept the fact that each can be of invaluable assistance to the other in intelligent management of some of the allergic conditions that are more difficult to control.

Diagnosis. Good treatment depends first of all on a good diagnosis. Correct diagnosis of nasal allergy and sinusitis is made by (1) a complete history, (2) local examination, (3) skin tests, often repeated, (4) frequently, elimination diets and individual food testing techniques, (5) repeated x-ray examination before and after instillation of opaque media, and (6) cytologic and bacterial examination of specimens from the nose and sinuses. Most observers agree that the importance of the history cannot be overestimated, and that it is most essential in arriving at a satisfactory diagnosis. This includes a family history and a detailed personal history dating back to childhood.



WHY TWO-TONE HEARING CHECKS?

Though hearing loss has always been a common ailment of mankind, it has only recently begun to receive attention commensurate with its importance. Early detection and treatment have been difficult to achieve in the past. Man's natural ability to compensate for moderate hearing loss—and the lack of scientific testing equipment in most doctors' offices—have meant that help was usually sought only after the loss became quite pronounced. Even where testing equipment was available in the doctor's office, the time required for administering a pure tone threshold test often precluded it from most routine physical examinations.

Now a new technique, employing checks in the 2000 and 4000-cycle frequencies and at 20 and 50 db levels, makes it possible for the doctor, or his nurse, to check a patient's hearing in one minute or less and with only a modest investment in equipment. Because the two-tone hearing checks are simple to administer, no special training is required. And, since ambient noise is less of a problem in these two frequencies than in lower tones, there is less need for a special testing room.

Doctors Aram Glorig and Howard P. House, who examined some 6,500 audiometric records in a study of the validity of two-tone hearing checks, state:

"For some time we have urged otolaryngologists to test the hearing of each patient they see, and we have tried to interest general practitioners, internists and pediatricians in testing the hearing of many of their patients. We believe that the single-frequency test (4000 cycles) will make such general testing practical. These physicians need to know only that a patient's hearing is normal or is abnormal enough to need further attention."*

**(A New Concept in Auditory Screening by Aram Glorig, M.D., and Howard P. House, M.D., A.M.A. Archives of Otolaryngology, August, 1957, Vol. 66, pp. 228-232.)*

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TREATMENT

Conventional Allergic Methods. We are aware that the injection method of inhalant allergy stands on a very firm foundation, and that through the efforts of Rowe, Rinkle, Randolph and others, there seems to be a greater awareness of the importance of food allergy and the procedures necessary to arrive at a proper diagnosis of this. Despite the favorable results obtained in treatment of many patients with nasal allergy and sinusitis by the methods of hyposensitization and elimination, very often resort must be had to use of other modalities and use of pharmaceuticals of various types in order to obtain more complete relief from symptoms.

Non-Specific Methods. Use of histamine, typhoid vaccine and milk represent various forms of non-specific therapy, with which favorable results have been reported. Local applications to the mucous membranes of the nose of pure carbolic acid, silver nitrate and chromic acid have also been used on numerous occasions, with some improvement of symptoms. Many favorable results have been recorded following treatment of hay fever and non-seasonal allergy by injecting various substances into the mucous membrane of the nasal septum and inferior turbinate or into the nasal ganglion, with the idea of obtaining local desensitization. Injection of procaine and alcohol, of strengths varying from 40 to 80 per cent, beneath the mucous membrane of the septum has been reported to be useful in the treatment of these conditions.

Ionization. There have been numerous reports of the treatment of nasal allergies by ionization and in 1950 Hollander stated that "zinc ion transfer finds its usefulness in non-specific treatment of nasal allergy. No claim is made that it is curative. There is, however, no doubt that in certain cases of allergic rhinitis it brings about decided and prolonged alleviation of the distressing symptoms." Hollander also recommended its use in the nose, two weeks after removal of polyps, with the hope of preventing their recurrence. He states that the procedure may be repeated if the effect from the first treatment is not wholly successful. The third treatment seldom is necessary.

Radiation Treatment. Whether irradiation should be considered a conservative or a radical treatment at the present time is a somewhat moot question. It is certain that with the intensive research that has been carried out on the biologic effects of radiation, as the result of the public concern about the effects of nuclear radiation resulting from bomb tests, the attitude of most of the medical profession with regard to diagnostic and therapeutic use of radiation has been tending toward increasing conservatism. Evaluation of past practices has led to the conclusion by many that the medical use of radiation has been too promiscuous and extensive. The consensus at present seems to be that, whenever possible, irradiation should be reserved for malignant lesions, and that benign diseases should, for the most part, be managed by other means. For this reason, it seems likely that intranasal application of radium is likely to be much less frequently used than it has been in the past, in treatment of nasal polyps.

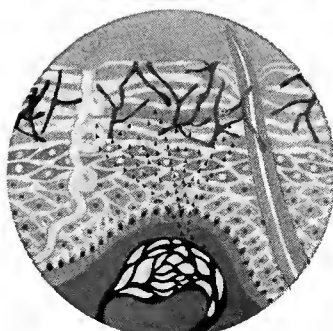
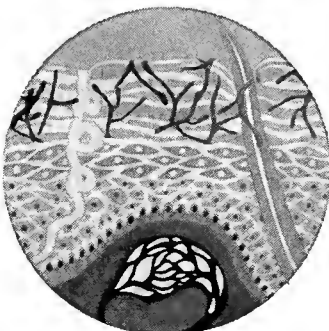
Antihistamines and Other Drugs. We are all aware of the value of adrenalin, aminophylline, ephedrin and potassium iodide in the management of asthma and other allergic conditions. The effect of antihistaminic drugs is temporary but they are widely used because of their palliative action in allergic manifestations. The side effects are well known to members of the medical profession, and also to many patients. Most observers report a favorable response and partial to complete relief of symptoms of nasal

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infections
of skin,
hair
and
nails

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fulvicin^{*}
griseofulvin
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**FIRST
EFFECTIVE
PENETRATION
OF
KERATIN
—FROM
THE
INSIDE**



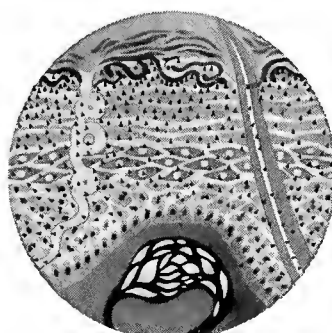
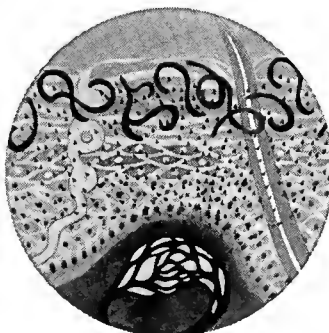
1 Pathogenic fungi invade and proliferate in the stratum corneum (and also in keratinized part of nails and hair), where they are usually inaccessible to treatment from the outside by topical antifungal agents, even with the aid of keratolytics.

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OUTGROWTH
OF
HEALTHY
TISSUE**



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References: (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: *Lancet* 2:1212, 1958. (2) Gentles, J. C.; Barnes, M. J., and Fantes, K. H.: *Nature* 183:256, 1959. (3) Brian, P. W.; Curtis, P. J., and Hemming, H. C.: *Tr. Brit. Mycol. Soc.* 29:173, 1946.

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*T.M.

S-237

allergy in 60 to 85 per cent of patients. The non-seasonal forms of nasal allergy do not respond as well as seasonal hay fever to antihistaminic drugs. Numerous clinicians have reported a favorable response in some patients to administration of Vitamin C (250-500 mg. per day) in treatment of ragweed hay fever.

Psychotherapy. Much has been written on the psychotherapeutic management of patients suffering from allergic disease. It is my opinion that, to some degree, every physician is practicing psychosomatic medicine. It is part of our responsibility to be able to recognize the numerous symptoms of instability, depression and worry manifested by some of our patients. In some instances we are able to offer valuable suggestions and much assistance in the satisfactory solution of their problems. But it would appear that those of us without special training in the field of psychology and psychiatry lack the knowledge and experience that is necessary to satisfactorily diagnose and treat those patients affected with a serious involvement. And for the good of all concerned they should be under the care of an expert in this specialty.

Endocrine Dysfunction. Endocrine dysfunction is not an unusual accompaniment of allergic disorders, and for many years the use of thyroid extract in so-called "sinus" disease has been advocated by numerous otolaryngologists, on an empirical basis, often with beneficial results. A therapeutic test with thyroid is indicated in many patients, starting with 1 grain a day. Dose can be increased until a satisfactory effect is noted.

Godlowski, an endocrinologist and proponent of the "enzymatic concept of allergy" does not accept the antigen-antibody theory as the complete answer. He tabulated results of treatment in 229 selected cases of allergic reaction, refractory to the usual anti-allergic therapy. Endocrinopathy of several types was found to be the underlying pathologic change, and 200 of the 229 patients responded favorably to the correction of the hormonal imbalance. Thyroid deficiency was the most common endocrinopathy related to allergy (89.5%). There were also 10 cases of hyperthyroidism. Specific hormonal therapy was combined with other local and general measures in Godlowski's patients.

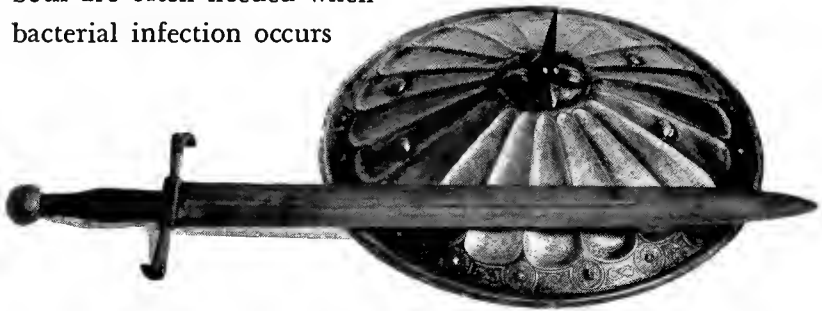
The Cortical Steroids. Introduction of corticotropin (ACTH) and the cortico-steroids (cortisone and hydrocortisone and their analogues) has represented a great advance in the treatment of acute allergic conditions. Much has been learned about the action and uses of these potent substances. Each year the reports in the literature contain more informative material and furnish better criteria for the use of these substances. The approach to the use of these substances in otolaryngology by those who were the first to use them was conservative.

Articles by Crowe, Williams, Hollander all stressed the unfavorable effects of systemic therapy and asserted that these outweigh the apparent value. One of the first reports on ACTH and cortisone in allergic diseases was by Bordley and his associates, in 1949 (extended in 1950). They obtained excellent results both by systemic administration and nasal spray in treatment of nasal polyps. In 1951 and 1952, Dill and Bolstead reported results of the use of a 1:4 solution of cortisone in normal saline as a nasal spray, with what might be termed satisfactory results in treatment of nasal allergy. Since that time, numerous authors have reported on this form of therapy.

Results of our own initial trials of local treatment of allergic rhinitis with cortisone and with a suspension of cortisone in a solution of Chlor-Trimeton were reported at the Alumni meeting of the New York Eye and Ear

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Infirmary in 1953. Later reports were made in 1954 and 1955. In 1957 we reviewed the literature and reported the results of a clinical study of local treatment of allergic rhinitis with the use of a nasal spray containing a suspension of prednisolone acetate (0.2%) in a non-irritating isotonic solution of Chlor-Trimeton (0.3%). Our impression is that the results of topical application of cortisone and prednisolone (metacortin) used alone or in conjunction with a solution of Chlor-Trimeton were satisfactory in a great majority of instances, both subjectively and objectively, in the treatment of nasal allergy.

Some reactions have been reported following sub-mucosal injection of cortisone, but I cannot recall a single instance of reported side effects or systemic absorption after local application to the mucous membrane of the nose.

Systemic use of corticotropin and adreno-cortical steroids usually is not advocated in treatment of nasal allergy and sinusitis that responds to conventional forms of therapy. They are usually reserved for use during the acute allergic phase, during the time of stress and more often for the control of the symptoms of bronchial asthma and status asthmaticus. They are used frequently to combat symptoms of shock during surgery and to enhance the effect of antibiotics in an overwhelming infection. They may be given by mouth, intramuscularly, intravenously or by the aerosol method, depending on the indication for use and the state of the emergency.

We have not seen nasal polyps disappear following the local application of a solution or cortisone or prednisolone for a prolonged period of time. Our experience agrees with that of others that repeated injection of a suspension of either of these steroids into a polyp will cause it to shrink. The amount of the contraction and rapidity of reduction in size depends on the consistency of the polyp, the frequency of injection and the amount of corticosteroid used.

Nasal Polyps. Various opinions have been expressed concerning the allergic aspect of nasal polyps. Most observers agree that an allergic study should be made. During that time the acute symptoms can be controlled by use of ACTH and corticosteroids, antihistaminics, and, if infection is present, by suitable antibiotics following culture and sensitivity tests. Every case is an individual problem and no specific rules can be formulated that will be applicable in all cases.

Hansel emphasizes the importance of attempting to control the acute allergic phase before surgical intervention is considered. He states that, assuming that the patient has been carefully studied and observed, the symptoms have been controlled by allergic methods and no acute or subacute infection is present, operative procedures may be carried out in those cases with positive indications. Hansel has suggested the following classification according to degree of existing polyposis in the nose and sinuses: Grade I—Nose: edematous thickening of middle meatus with no pedunculation; slight thickening of the mucosa; Grade II—Nose: definite polyposis filling the middle meatus; Sinuses: moderate thickening of the mucosa; Grade III—Nose: Polyps extending down to the upper border of the inferior turbinate; Sinuses: marked edema or polyposis occupying about 15% of the lumen; Grade IV—Nose: complete obstruction by polyps; Sinuses: complete occlusion of the lumen.

Treatment of these states of progression of the condition depends on many factors, and it is not likely that all otolaryngologists and allergists will be in complete agreement. Many allergists appear inclined to depend entirely on the medical management of these conditions. Possibly this is

No two mutual funds are the same

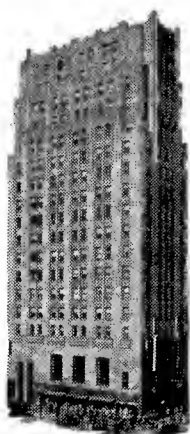
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because those who have been in practice many years have undoubtedly seen many patients with recurrences and what might be termed unsatisfactory results following surgery.

We are in agreement that primarily allergic methods of management must be instituted, but it is now recognized that many patients can be afforded additional relief by adequate bacteriologic and cytologic examinations of nose and sinuses. It is recognized that when allergic reactions persist for months and years, with edema, hypertrophy and polypoid changes in the nasal and sinus mucos, secondary infection occurs frequently and tends to become chronic. As Shambaugh has stated it: "We have a vicious circle or set-up in which the underlying allergy prevents adequate drainage and prolongs the infection, and the infection intensifies and increases the allergic symptoms."

We are usually able to handle the majority of our patients with nasal polyps in a conservative manner. Those patients that we class as Grades I and II would ordinarily have few complications. Possible a marked deflection of the septum that could be operated on after all acute symptoms have subsided might be present or we might find a hypertrophy of the inferior turbinates that could be dealt with surgically, provided the condition persists after preliminary treatment. Grades III and IV present a different problem because of the associated infection and the frequency with which other allergic manifestations, particularly asthma, are associated with the nasal and sinus involvement. It would appear that the minimum requirement to handle a Grade III involvement would be removal of polyps from the nose and relief of all obstructions from the ostia of the sinuses, irrigation of the maxillary sinuses with simultaneous employment of the antibiotic indicated by sensitivity tests and a corticosteroid administered systemically for the marked anti-phlogistic effect. The establishment of a large opening beneath the inferior turbinate from the nose into the antrum should be considered a conservative procedure and should not be deferred if infection persists in the antrum.

There is little to lose if the ethmoid involvement is treated conservatively during the time when an attempt is being made to ascertain the amount of disease present in each sinus and the immediate response to treatment. In this connection it should be noted that many clinicians consider the use of autogenous vaccines to be of great benefit in the treatment of allergic rhinitis and sinusitis of long standing.

When conservative treatment proves of little or no avail, a more complete procedure should be planned. If the maxillary sinuses still harbor infection, a Caldwell-Luc operation may be indicated. At the same time it may be necessary to exenterate the ethmoid labyrinth. In some instances, it is essential that the external approach be used in order to be able to remove all ethmoid cells, especially those in the supra-orbital group. In the occasional patient, the nose is spread over the face because of great pressure from polyps that have completely filled the nose and sinuses for a great many years. Their removal is most difficult because of marked fibrosis and hemorrhage. The technique of rhinotomy described by Bordley and Longmire in 1949 would appear to be most likely to provide the safe and adequate exposure necessary to eliminate all DISEASE PRESENT IN SUCH CASES. The procedure is safe and satisfactory and can also be used to remove intranasal tumors and to provide more adequate exposure for the surgical treatment of osteomyelitis.

In a study of 120 patients with nasal polyposis treated by intranasal

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operation by Simonton, there was an over-all rate of non-recurrence of 47% one to seven years after operation.

Patients with malignancies of the nose often have a history of months or years of polyposis. Nasal polyps should be sectioned and examined microscopically after their removal. Not infrequently, growths which grossly appear to be benign will prove to be malignant under the microscope.

Sinus Disease, Bacterial Allergy and Bronchial Asthma. Hansel has estimated that in patients suffering from manifestations of nasal and sinus allergies, 75% also have symptoms of allergy in other parts of the body. The most frequent associations are eczema, asthma and gastro-intestinal allergy. The problem of asthma and sinus disease is of prime concern to the otolaryngologist, since patients with intrinsic or extrinsic asthma complicated by infection are sometimes referred to the otolaryngologists for surgical treatment of severe sinusitis. In a special study on 197 patients with asthma and sinus disease, Weille and Richards concluded that when reasonable judgment is used in selection of the surgical measures to be performed, correction of nasal conditions is not deleterious to accompanying asthma. Important causes of poor results are radical surgery of the frontal sinuses, with resultant complications, recurrent polyposis, failure to control vasomotor rhinitis and mechanical nasal obstruction, and surgery based on x-ray reports only, without clinical evaluation of the need for corrective procedures.

In regard to this problem of sinus disease and asthma, the cautious conclusions of J. L. Goldman and associates after complete sinus investigations of 82 patients with bronchial asthma are worth citing. They found that significant improvement of asthma after radical sinus surgery may occur despite the regrowth of polypoid tissues, and, paradoxically, there may be no improvement of asthma despite an excellent postoperative rhinologic status. These findings appear to warrant the conclusion that sinus infection, as a rule, is not a primary cause of asthma but rather a complication superimposed on altered sinus membrane. These authors advise that management of sinus disease should include, at first, conservative measures and later such surgery as dictated by local nasosinal abnormalities and by persistent infection. The decision to employ radical sinus procedures should be determined by these factors rather than by the concept of bacterial allergy alone.

—William H. Evans, M.D.

ECG COURSE AT ST. ELIZABETH HOSPITAL

A course in electrocardiographic interpretation is being offered to house officers at St. Elizabeth Hospital.

The course will begin on Saturday, August the 8th at 8:00 a.m. in conference room #1, and will be held every Saturday thereafter from 8-9 in the morning.

Conducted by Dr. Leonard P. Caccamo, the course will be based on the conference method and will be built around slide projections and interpretations.

The series has been granted 35 hours credit, Category I by the AAGP. Practicing physicians of the area are welcome to attend. Topics to be discussed are as follows:

Basic Orientation, Electrical positions of the heart, arrhythmia, right and left bundle branch block, anterior and posterior myocardial infarction, acute and chronic Cor Pulmonale, Electrolyte disturbances, Congenital heart disease and difficult problems in interpretation.



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FROM THE BULLETIN

Twenty Years Ago — August 1939

The House of Delegates of the Ohio State Medical Association authorized the formation of a Women's Auxiliary. The declared purpose of the new organization was to bring the doctor's wives into closer touch with each other and to aid in furthering the activities of each county Society; to improve attendance at the meetings and promote projects of community interest pertaining to the public health. The action marked the birth of the Women's Auxiliary in Ohio.

Dr. Henri Schmid wrote about the treatment of gonorrhea with sulfanilamide compounds (no penicillin those days) and used the term "apparent cure." Treatment with sulfanilamide usually rendered gonorrhea asymptomatic within a short time but the bacterial response was much slower, resulting in many carriers. Nowadays in the medical literature we are reading reports of failures with penicillin.

At the golf picnic Dr. Wm. Welsh won low gross and L. G. Coe won low net. Winners of blind bogey's were: J. C. Vance, John Welter, O. M. Lawton, Peter Boyle, Paul Mahar, Nathan Belinky, Dick Gross, Ralph Morrall, E. J. Wenaas, John Rogers and Paul Harvey. Ray Hall won the prize in ping pong.

The leading article on "Vomiting In Infancy" by A. W. Miglets described the mechanism and treatment of the four varieties: 1. Irritative, 2. Toxic, 3. Obstructive and, 4. Central. He emphasized the use of intravenous and intraperitoneal fluids for dehydration.

Ten Years Ago — August 1949

President John McCann warned that children were not being vaccinated against smallpox until six years of age when they enter school. He noted that with the rapidity of modern travel a disease like smallpox can spread far in a short time and urged vaccination at six months of age.

Dr. McGehee Harvey, Professor of Medicine at Johns Hopkins University addressed the Society on "Recent Advances In Medical Therapy." He mentioned the use of Chloromycetin in rickettsial diseases and typhoid fever. He said that aureomycin was the antibiotic of choice in brucellosis and urinary tract infections due to B. Coli and other organisms which did not respond to penicillin. Aqueous Penicillin G should be used in the hospital and 300,000 units every 12 hours should be administered routinely to all patients with lobar pneumonia after bacteriologic studies have been started. Penicillin should not be used prophylactically in clean surgical cases other than pulmonary resection. In empyema and other localized collections of pus penicillin is an adjunct to surgical measures. He said that promiscuous use of topical penicillin in minor infections should be avoided because of the risk of sensitization. That is good advice today.

Health Commissioner Walter Tims issued a list of precautions to take against Poliomyelitis. He recommended personal cleanliness, avoidance of crowded places, fatigue and chilling. There was no polio vaccine then.

Bryan Hutt was elected a fellow of the American Academy of Pediatrics. Francis J. Gambrel opened his office for the practice of gynecology and obstetrics in the Home Savings and Loan Bldg. Stanley Myers announced his new office location at 2218 Market Street for the practice of otorhinolaryngology.

J. L. Fisher, M.D.

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SCIENTIFIC PROGRAM

Wednesday, September 16, 1959

- 9:00 A.M. "Specific Problems Pertaining to the Practice of Industrial Medicine"—Panel. Joseph A. Solomayer, M.D., Cleveland, Moderator.
- 9:00—"Occupational Dermatoses"—Donald Birmingham, M.D., Cincinnati
- 9:20—"Common Psychiatric Diagnoses Encountered in Occupational Medical Practice"—Donald Ross, M.D., Cincinnati
- 9:40—"The Control of Some of the Major Health Hazards in Ohio"—Thomas F. Mancuso, M.D., Columbus
- 10:00—"Medicolegal Aspects of Industrial Practice"—Mr. William C. Hartman, Attorney, Cleveland
- 10:20—Question and Answer Period
- 10:30 Visit Exhibits
- 11:15 "Hepatitis"—Leon Schiff, M.D., Cincinnati
- 12:00 Lunch and Visit Exhibits
- 1:00 P.M. "Office Suturing"—John Kelleher, M.D., Toledo
- 1:30 "Common Surgical Emergencies"—A. Lee Lichtman, M.D., New York City
- 2:00 "When to Refer the Cardiac for Surgery"—Bernard L. Brofman, M.D., Cleveland
- 2:30 Visit Exhibits
- 3:15 "Hematuria in Benign Conditions"—Edwin P. Alyea, M.D., Durham, North Carolina
- 4:00 "Chemotherapy of Cancer"—John R. Keys, M.D., Dayton
- 4:30 Prize Drawing
- 6:00 Social Hour and Dinner-Dance. "Why We Laugh"—Wm. Craig, Ph.D., Wooster

Thursday, September 17, 1959

- 9:00 A.M. "Examination of the Back"—Jos. T. Leach, M.D., Columbus
- 9:30 "GP's Approach to the Parkinsonian Patient"—Kenneth H. Abbot, M.D., Los Angeles
- 10:00 "The Allergic Patient, his problems, office diagnosis & treatment"—John Burger, M.D., Birmingham, Michigan
- 10:30 Visit Exhibits
- 11:15 "Anticoagulant Therapy"—Gordon Todd, M.D., Toledo
- 12:00 Lunch and Visit Exhibits
- 1:00 P.M. "Diagnosis, Management & Prevention of Rheumatic Fever"—Don M. Hosier, M.D., Columbus
- 1:30 "New Concepts in Neonatal Jaundice"—Warren E. Wheeler, M.D., Columbus
- 2:00 "Care of Preschool Child"—Thomas E. Shaffer, M.D., Columbus
- 2:30 Visit Exhibits
- 3:15 "Diuretics"—Kathryn Dustan, M.D., Cleveland
- 3:45 "Management of Frustration in Everyday Practice"—Victor Szyr-ynski, M.D., Ottawa, Canada
- 4:30 Prize Drawing

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PROCEEDINGS OF COUNCIL

June 29, 1959

A special meeting of the Council of the Mahoning County Medical Society was held on Monday, June 29, 1959, at the office of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio

The following physicians were present: M. W. Neidus, President, presiding, Asher Randell, G. E. DeCicco, S. W. Ondash, C. C. Wales, F. G. Schlecht, P. J. Mahar, M. W. Rosenblum, J. J. McDonough, H. J. Reese, and H. P. McGregor, comprising council, also R. V. Clifford.

Meeting was called to order at 9:15 p.m. The minutes of the previous meeting were read and approved.

Correspondence was read from Attorney Franklin B. Powers, legal counsel for the society, concerning incorporation. Mr. Powers pointed out the existence of another corporation called "The Mahoning County Medical Society Bulletin, Inc." and the necessity either to complete this corporation and hold annual meetings, or to dissolve said corporation. The motion was made, seconded, and duly passed that the society request Mr. Powers to take the necessary steps to cancel the incorporation of the Mahoning County Medical Society Bulletin.

Mr. Powers further indicated that the process of incorporating the society would be held up until the revision of the constitution could be completed. Council decided to take up the problem of revision with the membership.

Dr. Neidus reported on a meeting held in Pittsburgh on June 24 between members of the Steelworkers Union, representatives of management, the AMA, and doctors from 23 counties where there are 10,000 or more steelworkers. The meeting was attended by Dr. Neidus, Dr. DeCicco, Dr. Clifford, and Mr. Rempes, from the Mahoning County Medical Society. The purpose of the meeting was to discuss demands and plans of the Steelworkers in regard to medical care.

Following lengthy discussion, the motion was made, seconded, and duly passed that Dr. Neidus appoint a committee to cooperate with other counties in a study of third party medical care plans.

Dr. Clifford requested that the executive secretary send out copies of a brochure put out by the tenth councilor district of the Medical Society of the State of Pennsylvania in regard to steelworker health care plans, a copy to go to each member of council.

A letter was read from the Children's Service Bureau requesting the help of the society in providing examinations for children going to camp. The letter was turned over to the Public Health Committee.

A letter was read from Dr. C. A. Gustafson requesting that the society sponsor membership for the Executive Secretary in Rotary Club. Council felt that the secretary should not join one service or organization in preference to others. Council voted to sponsor the Executive Secretary in the Chamber of Commerce.

Bills were read. A motion was made, seconded, and duly passed to pay each one. A list of bills is attached to the minutes.

Meeting was adjourned.

F. G. Schlecht, Acting Secretary

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**MINUTES OF MEETING OF WELFARE FUND
AND RETIREMENT PLAN COMMITTEE
COLUMBUS OFFICE, SUNDAY, JUNE 21, 1959**

A meeting of this committee was held in the Columbus Office on Sunday, June 21. Those in attendance were: Chairman Robert S. Martin, Zanesville; Members George W. Petznick, Cleveland, and John J. McDonough, Youngstown; and Executive Secretary Nelson.

The committee reviewed reports received from other state medical societies as to whether such societies have (1) a welfare and benevolent fund and (2) a retirement proposal to be effective if and when the Keogh Bill becomes a law.

Also, the committee reviewed information received from other sources on these subjects.

After a general discussion, the committee took the following actions:

1. Proposed that the Ohio State Medical Association set up a separate incorporation (not for profit) to be known as the "Ohio State Medical Benevolent Association, Inc."

2. Proposed that funds held by the "Ohio State Medical Benevolent Association, Inc." should be used to assist:

(a) Members of the Ohio State Medical Association who may be in need of financial assistance.

(b) Widows of deceased members of the Ohio State Medical Association who may be in need of financial assistance.

(c) Dependent orphans of members of the Ohio State Medical Association who may be in need of financial assistance.

3. Proposed that the source of funds for the "Ohio State Medical Benevolent Association, Inc." shall be:

(a) From the general funds of the Association which funds are raised through annual dues.

(b) From gifts, donations, and contributions.

4. Proposed that the Articles of Incorporation and the regulations governing the "Ohio State Medical Benevolent Association, Inc." shall contain an "escape clause" to permit the use of excess or surplus funds for other purposes on consent of proper legal authority.

The committee voted to ask Mr. Stichter, legal counsel, to draw up Articles of Incorporation and a Code of Regulations for consideration of the committee by mail—prior to the September meeting of The Council, if possible.

Before adjourning, the committee decided to invite representatives of Ostheimer and Company; representatives of Turner & Shepard, (Columbus insurance agency); and a representative of the Trust Department of the Huntington National Bank, to appear before the committee at its next meeting to discuss with the committee questions relating to the formation of a group retirement plan to be sponsored by the Association for its members under the terms of the Keogh Bill.

The committee then adjourned to meet at the call of the chairman.

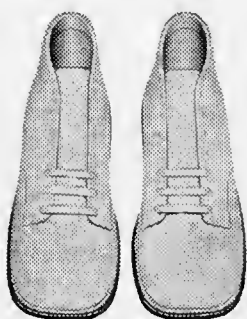
—Charles S. Nelson
Executive Secretary

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IMPROPER NURSING PRACTICE COMMITTEE

Registered, professional nurses have an obligation and the right of a profession to regulate its own practice in the public interest. The public has placed their trust in the professional nursing associations secure in the knowledge that those who practice nursing are qualified to do so and that nursing practice meets the highest possible standards wherever it is carried on.

It is for this reason that the Ohio State Nurses Association and its constituent District Associations (District #3 is made up of Mahoning, Trumbull and Columbiana Counties) have organized committees on State and local levels.

Each of these committees is called "Committee on Unauthorized and Improper Practice of Nursing". Mrs. Therese S. Melillo, R.N., President of District #3 of the Ohio State Nurses Association has appointed Mrs. Lucy Whalen, R. N., as chairman of this important committee. Mrs. Whalen, who is also chairman of the State committee on Unauthorized and Improper Practice of Nursing, announces that the basic function of the committee will be to:

1. Protect the public and the nurse from the practice of unqualified practitioners and from improper practices.
2. Offer assistance to registered, professional nurse members of District #3 who are in need of counseling due to problems involving ethics, personal and/or professional conduct.
3. Serve as a referral agency for nurse members with personal problems.

The committee as a whole is concerned at this time with the abuse of the Ohio Licensure Law for Nurses, which states, "No person shall practice nursing as a registered nurse, without first obtaining a certificate from the board in the manner required in sections 4723.01 to 4723.38, inclusive of the Revised Code, or shall practice nursing as a registered nurse after such a certificate has been revoked, or if suspended, during the time of such suspension, or shall use the title "registered nurse" or the letters "R.N." in connection with his name or position with the intention and for the purpose of representing himself to be qualified, unless such person has qualified as a registered nurse under such sections."

Since 1956 the law provides for annual renewal of the registered nurse certificate. A nurse who practices as a registered nurse in Ohio without a current certificate of registration is regarded as an illegal practitioner of nursing. She and her employer are subject to legal action for failure to comply with the law.

Any person, agency or hospital which employs professional nurses can and should request the nurse to present her current registration card which she must have available at all times.

The committee requests that any person knowing of a nurse who has not complied with the law in obtaining her renewal of licensure contact the District #3 office at 1301 Mahoning Bank Building so that the Committee can assist her in meeting the requirements as established by the State of Ohio.

—Gertrude K. Modarelli, R.N.

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MEDICAL GLEANINGS
DRUG THERAPY OF CEREBELLAR ATAXIA AND DISORDERS
OF THE BASAL GANGLIA,
BASED ON CEREBELLAR-STRIATAL ANTAGONISM

By Herman Kabat, M.D., Ph.D., Providence, Rhode Island
Annals of Internal Medicine Vol. 50, No. 6 June, 1959

SUMMARY

1. Patients with cerebellar ataxia and intention tremor show decreased voluntary isometric contraction, with isotonic contraction relatively unaffected. This isotonic predominance contributes to the cerebellar incoordination.

2. Patients with disorders of the basal ganglia show decreased voluntary isotonic contraction, with isometric contraction relatively unaffected. This is characteristic of patients with Parkinson's syndrome, athetosis and chorea.

3. A theory is proposed that one of the primary functions of the cerebellum is to facilitate voluntary isometric contraction, and one of the primary functions of the basal ganglia is to facilitate voluntary isotonic contraction of the muscles. The cerebellum and the basal ganglia are considered to be antagonistic in these functions, and in equilibrium.

4. To test this theory, the effects of pharmacologic depression of the basal ganglia were investigated in patients with cerebellar asynergia.

5. Preliminary observations on 24 patients revealed significant improvement in cerebellar ataxia and intention tremor from administration of thiopropazate. This improvement was associated with increased voluntary isometric contraction and diminished isotonic contraction. Signs of pseudo-parkinsonism were minimal or absent in most of the cases.

6. As a further test of the theory of cerebellar-striatal antagonism, the effects of pharmacologic depression of the cerebellum were investigated in patients with disorders of the basal ganglia.

7. Preliminary observations of 14 patients with disorders of the basal ganglia revealed significant improvement in voluntary motion from administration of diphenylhydantoin, presumably by its action in depressing the cerebellum. This improvement was association with increased voluntary isotonic contraction and diminished isometric contraction. These cases included seven with Parkinson's syndrome, six with athetosis and one with chorea. Patients with Parkinson's syndrome also showed significant reduction in rigidity.

8. These findings support the theory of cerebellar-striatal antagonism.

—R. L. Jenkins, Jr., M.D.

ST. ELIZABETH HOSPITAL PICNIC

Fair skies and delicious food proved to be an unbeatable combination when the annual St. Elizabeth Hospital house staff picnic was held July 14th. The Sisters of The Holy Humility of Mary hosted over 150 interns, residents and their families at the traditional "get acquainted" outing.

The back yard barbecue, held at the School of Nursing provided the first major opportunity for the new members of the house staff to get to know one another socially, and also to show off wives and young 'uns.

All in all the success of the picnic was due in no small way to the careful planning done by the Sisters and their helpers.

It can truly be said that a good time was had by all.

—L. P. Caccamo, M.D.



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LETTER

Mahoning County Medical Society:

On account of the fact that our current campaign did not reach its objective and the further fact that patient-care expense has risen sharply, it will not be possible for our Chapter to assume further responsibility for the purchase of vaccine at this time. It is our hope that at some future time we may be able to undertake additional responsibility in this field. Your cooperation in immunization of additional groups of people has been greatly appreciated.

Very truly yours,
Robert A. Manchester, Chairman
Mahoning County Polio Chapter

PAUL HERALD TO MANAGE MIAMI BUREAU

Paul J. Herald, long associated with the Mahoning County Medical Society and the Medical Dental Bureau, will leave to take the position of Manager of the Dade County (Miami, Fla.) Medical Dental Bureau on Sept. 1

Paul will be leaving many friends among the medical profession in Youngstown. One of his earliest contacts with the society was when he used to help Mary Herald by doing paste-ups for the Bulletin while still in high school. At this same time, about 1946, he worked summers at the Medical Dental Bureau.

During the time that he has worked with the Bureau, Paul gave freely of his time to pitch in and help the society. He will be remembered for his work at the Canfield Fair Health Tent exhibits, his help with the Bulletin, and for his valuable assistance with the routine paper work of the society.

Paul invites all the Mahoning doctors to visit him and Eileen and his three sons when the AMA meets in Miami for the annual Meeting next year. We wish Paul the best of luck in his new venture.

DR. CACCAMO JOINS ST. ELIZABETH STAFF

Dr. Leonard P. Caccamo has been appointed to the full time position of Associate Director of Medical Education for St. Elizabeth Hospital. The announcement was made by Sister M. Baptista, administrator.

The hospital staff has selected Dr. Caccamo, a practicing specialist in internal medicine and cardiology, to direct the residency training program for the Department of Internal Medicine.

Dr. Caccamo is a Diplomate of the American Board of Internal Medicine, and Associate of the American College of Physicians, Fellow of the American College of Cardiology, Secretary of the Ohio Society of Internal Medicine and an instructor in physiology at Youngstown University.

Dr. Caccamo is Director of the Cardiac Clinic and the Electrocardiograph station at St. Elizabeth Hospital. He is also a trustee of the Youngstown Area Heart Association as well as a representative from this district to the Ohio State Heart Association.

Dr. Caccamo, a native of Youngstown, is a graduate of Woodrow Wilson High School, Youngstown University and the Bowman Gray School of Medicine of Wake Forest College. He served his internship at the Rochester General Hospital and his residencies at St. Elizabeth Hospital and the U.S. VA Hospital at Dearborn, Michigan. He was clinical instructor in internal medicine at Wayne University School of Medicine prior to beginning practice in the city.

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